Revision:

HCFA-PM-97-3

December 1997

97-3 997 ATTACHMENT 2.6-A Page 26a OMB No.:0938-0673

State:	「exas	
Citation		Condition or Requirement
1924 of the Act	* 15. 18.	The agency complies with the provisions of §1924 with respect to income and resource eligibility and posteligibility determinations for individuals who are expected to be institutionalized for at least 30 consecutive days and who have a spouse living in the community. When applying the formula used to determine the amount of resources in initial eligibility determinations, the State standard for community spouses is:
		the maximum standard permitted by law; the minimum standard permitted by law; or \$ a standard that is an amount between the minimum and the maximum.

Pen + ink change w/ Sharon Dobbs 4/21/98

STATE	X	1
DATE SEED	3-31-98	-
DAIL TO A	4-23-98	A
DATE	7-1-98	_
HC+A .74	78-02	-

TN No. 98-07
Supersedes

Approval Date 4-23-98

Effective Date /-/-98°

REVISION: HCFA Region VI September 1989

No.

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beptember 1909		ruge \mathcal{L}^{3}
	State	Texas .
CITATION		CONDITION OR REQUIREMENT
Section 1924 (a) of the Act, as amended by Sec. 303 of P.L. 100-360	13.	Protection of Income and Resources of a Couple for Maintenance of Community Spouse
F.L. 100-360		The agency complies with the spousal impoverishment provisions as set forth in Section 1924 (a) of the Act.
		The agency applies the spousal impoverishment policies to persons receiving services under a Section 1915(c) home and community based waiver.
		Applies to all 1915(c) home and community based waivers.
		<pre> Applies only to the following 1915 (c) waivers:</pre>
		Jupas 9-28-89 11-28-89 9-30-89 89-24
crsedes Approval Date		Effective Date

Citation

Revision: HCFA-PM-91-4 August 1991

(BPD)

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OMB No : 0938-

State:_

Texas

Condition or Requirement

42 CFR 435.914

- 11. Effective Date of Eligibility
 - Groups Other Than Qualified Medicare Beneficiaries
 - (1) For the prospective period.

Coverage is available for the full month if the following individuals are eligible at any time? during the month.

XXX Aged, blind, disabled. ____AFDC-related.

Coverage is available only for the period during the month for which the following individuals meet the eligibility requirements.

Aged, blind, disabled. XXX AFDC-related.

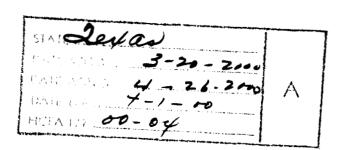
(2) For the retroactive period.

Coverage is available for three months before the date of application if the following individuals would have been eligible had they applied:

XXX Aged, blind, disabled. XXX_ AFDC-related.

Coverage is available beginning the first day of the third month before the date of application if the following individuals would have been eligible at any time during that month, had they applied ...

 Aged,	blind,	disabled
AFDC-	related	



Supersed TN No.